

DEPARTMENT OF COMMUNITY HEALTH
Division of Family and Community Health

MEMORANDUM

DATE: September 1, 2014

TO: Case Managers, Supports Coordinators and Dental Providers

FROM: Christine Farrell, RDH, MPA
Oral Health Program Director

SUBJECT: Developmentally Disabled Dental Treatment Fund (DDTF)

For FY 15, the maximum dollar amount per applicant has been reduced from \$2,500 to \$1,800. Attached are the FY 15 instructions, guidelines and forms.

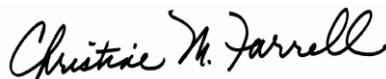
The applications will be reviewed and priority will be given to new clients and those with urgent treatment needs. In addition, the Oral Health Program may be contacting you for additional information and x-rays if there are questions on the treatment plan submitted. There will be a waiting period for clients who have routinely used this fund in the past.

Please share this information with the dental providers. The ADA claim form must be filled out completely, including the missing teeth, when submitting a pre-authorization request. A couple of years ago, the Oral Health Program implemented a dental provider policy that the dentists be a participating provider in Delta Dental's PPO network. With the PPO network, it allows the DDTF to use the Delta Dental PPO fee schedule. The covered procedures listed will be reimbursed at the PPO fee reimbursement rate. This means that the reimbursed dollar amount may not match the submitted fee. The claims will be adjusted according to the Delta Dental Plan administrative processing policies and procedures. **Providers should check eligibility for procedures** to be provided since many have a frequency limitation. Approval of a submitted application request does not override the Delta frequency limitations. **The DDTF reimbursement amount is considered payment in full. Balance billing and/or patient co-pays are not allowed.**

The DDTF application form along with the ADA dental claim form will continue to come to the Oral Health Program first for review and approval. Incomplete applications or missing dental pre-authorizations will not be considered. Until we come up with a secure portal or encryption instructions, the forms will continue to be faxed in. The forms can be faxed to the Oral Health Program at 517-335-8697 attention: Oral Health Program manager.

Thank you for your cooperation and participation in the DDTF program for FY2015. We continue to have limited resources and we are trying to provide the necessary care to as many deserving individuals that we are able to.

If you have any further questions, you may contact the dental coordinator at 517-241-5920 or ManningP3@michigan.gov.



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Oral Health Program Director

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